

EDGON ADVISORY LLC

FINANCIAL PLANNING  
AGREEMENT

207 MAIN STREET 3<sup>RD</sup> FLOOR  
HARTFORD CT 06106

Version Date: 2/1/2022

The undersigned (“Client”), being duly authorized, has established a Relationship (the “Relationship”), and hereby agrees to engage EDGON Advisory LLC (“EDGON”) on the following terms and conditions.

- I. *Appointment of EDGON*
  - a. Client hereby appoints EDGON as non-discretionary investment adviser/financial planner for this Relationship.
- II. *Services by EDGON.*
  - a. By execution of this Agreement, EDGON hereby accepts the appointment as investment adviser for the Relationship and agrees from and after the effective date, set forth in the signature page hereto, to provide the financial planning services for Client set forth in Exhibit I, hereto
- III. It is understood and agreed that EDGON, in the maintenance of records for its own purposes, or in making such records or the information contained therein available to Client or any other person at the direction of Client, does not assume responsibility for the accuracy of information furnished by Client or any other person, firm or corporation.
- IV. **Fees.**
  - a. The compensation of EDGON for its services rendered hereunder shall be calculated in accordance with the Schedule of Fees attached hereto as Exhibit I.

V. **Representations by Client.**

- a. The execution and delivery of this Agreement by Client shall constitute the representations by Client that the terms hereof do not violate any obligation by which Client is bound, whether arising by contract, operation of law or otherwise. EDGON will not be responsible for any liability or expense resulting from a breach of Client’s representations.

VI. *Representations by EDGON.*

- a. By execution of this Agreement, EDGON represents and confirms that it is registered as an investment adviser pursuant to applicable laws and regulations.
- b. *Amendment; Termination.*
- c. This Agreement contains the entire agreement between the parties and may not be modified or amended except in writing as executed by both parties. Client may terminate the Agreement within five (5) business days of signing, without penalty, and with full refund of the advisor’s fees. This Agreement shall continue in effect until the earlier of (i) EDGON’s delivery of a financial plan to Client or (ii) termination by either party by giving to the other written notice. In the case of early termination prior to completion of the plan, EDGON will deliver upon termination that portion of the plan that has been prepared.

**VII. Notices.**

All notices and other communications contemplated by this Agreement shall be deemed duly given if transmitted to EDGON at the address set forth on the cover page of this Agreement to the attention of its Chief Compliance Officer, and to Client at the address appearing below, or at such other address or addresses as shall be specified, in each case, in a written notice similarly given.

**VIII. Governing Law.**

The validity of this Agreement and the rights and liabilities of the parties hereunder shall be determined in accordance with the laws of the state in which Client resides, except to the extent preempted by ERISA or other federal or state laws or regulations.

**IX. Exhibits.**

The following Exhibits are attached, and are part of this Agreement:  
Exhibit I - Schedule of Fees  
Exhibit II - Investment Policy Statement

**X. Receipt.**

\_\_\_\_\_/\_\_\_\_ Client acknowledges receipt of Parts 2A and 2B of Form ADV and EDGON's Privacy Policy Statement.

**XI. Consent to Electronic Delivery.**

Client hereby consents to receive via e-mail or other electronic delivery method for various communications, documents, and notifications from EDGON. These items may include but are not limited to all statements or reports produced by EDGON; trade confirmations; billing invoices; all Form ADV brochures; privacy policy

statements; and any other notices or documentation that EDGON chooses to provide on an ongoing or occasional basis. Client agrees to immediately notify EDGON of any changes to Client's e-mail address shown below or other electronic delivery address.

**XII. Assignment.**

No assignment of this Agreement may be made by any party to this Agreement without the prior written consent of the other party hereto. Subject to the foregoing, this Agreement shall inure to the benefit and be binding upon the parties hereto, and each of their respective successors and permitted assigns.

**XIII. Confidential Relationship.**

All information and advice furnished by either party to the other shall be treated as confidential and shall not be disclosed to third parties except as required by law and as described in EDGON's Privacy Policy Statement.

**XIV. Market Conditions.**

- a. Client acknowledges that EDGON's past performance and advice regarding client financial plans cannot guarantee future results. **AS WITH ALL MARKET INVESTMENTS, CLIENT INVESTMENTS CAN APPRECIATE OR DEPRECIATE.** EDGON does not guarantee or warranty that services offered will result in profit.

IN WITNESS THEREOF, the parties have executed this Agreement on the date stated below.

<b>Client Name</b>	<b>Client Name</b>	<b>Representative of EDGON Advisory LLC</b>
Client Signature Date	Client #2 Signature Date	Adviser Signature Date

Client Street Address					
City		State		Zip	
Phone		E-Mail			
U.S Citizen	Yes	No	If no, what country?		
Smoker			Occupation:		

Client Street Address					
City		State		Zip	
Phone		E-Mail			
U.S Citizen	Yes	No	If no, what country?		
Smoker			Occupation:		

Have you been previously married Yes \_\_\_ No \_\_\_ If yes, list any children of that marriage and describe any ongoing obligations?

Children beneficiary

Name	DOB	Relation	Status	Obligation

Have your spouse been previously married? Yes \_\_\_ No \_\_\_ if Yes, list any Children of that marriage and describe any ongoing obligation.

Name	DOB	Relation	Status	Obligation

Are your parents still living? Yes \_\_\_ No \_\_\_

<b>Father of the client</b>	( ) Yes ( ) No	DOB	Depend of your support?	Potential inheritance?
			( ) yes ( ) No	( ) Yes No ( )
<b>Mother of the client</b>	( ) Yes ( ) No	DOB	Depend of your support?	Potential inheritance?
			( ) yes ( ) No	( ) Yes No ( )

Are your spouse parents still living? Yes \_\_\_ No \_\_\_

<b>Father of the client</b>	( ) Yes ( ) No	DOB	Depend of your support?	Potential inheritance?
			( ) yes ( ) No	( ) Yes No ( )
<b>Mother of the client</b>	( ) Yes ( ) No	DOB	Depend of your support?	Potential inheritance?
			( ) yes ( ) No	( ) Yes No ( )

**Current state planning Documents**

Do you and your spouse a pre-nuptial agreement, post-nuptial agreement? Yes\_\_\_\_ No \_\_\_\_

Describe “at death provision”

---

---

---

What are your overall estate planning objective?

---

---

---

How your current plan distributes assets at (first and second) death?

---

---

---

Is there anything that you want to change in your current plan?

---

---

---

Do you want your estate pass equally to your children or beneficiary? Describe any detail:

---

---

---

Have you made provision to your grandchildren, nephew/niece or any other family, friend, or organization? ( ) yes No ( ) Describe:

---

---

---

Are you currently making annual gift? ( ) Yes No ( ) to whom and how much ?

---

---

---

Have you made any taxable gift? (gift not cover by annual exclusion) ( ) Yes No ( ) if yes list amount and gifted:

---

---

---

Are you making gift to meet another's medical needs or educational cost? ( ) Yes No ( ) if yes describe:

---

---

---

What are the income needs to your surviving love ones?

---

---

---

Do you provide for someone who needs special care? ( ) Yes No ( ) if yes Describe:

---

---

---

Do you have any issue or concerns over your heirs' ability to handle financial matters?

---

---

---

Would you prefer if your asset and those of your heirs were protected from creditors, including potential divorcing spouse of heirs, as opposed to being exposed? ( ) Yes No ( ) if yes please describe any concerns:

---

---

---

Would you consider shifting ownership of assets in order to reduce estate taxes (assuming you continue to have a level of control over these asset)? Describe any detail

---

---

---

Are you making any charitable gift ( ) Yes No ( ) if yes describe

---



---



---

Do you have any specific charitable giving objective or consideration? ( ) Yes No ( ) describe

---



---



---

Have you made provision for long term care for yourself and or your spouse in case of accident or disability? ( ) Yes No ( )

---



---



---

Client

Name	Will	Credit Shelter Trust?	Marital Deduction
	( ) Yes No ( )	( ) Yes No ( )	( ) Out Right
	Date:		( ) Trust
	State:		( ) QTIP
			( ) None

Name	Revocable Trust	Credit Shelter Trust?	Marital Deduction
	( ) Yes No ( )	( ) Yes No ( )	( ) Out Right
	Date:		( ) Trust
	State:		( ) QTIP
			( ) None

Name	Power of Attorney?	Health Care Proxy/Power	Living will
	( ) Yes No ( )	( ) Yes No ( )	( ) Yes No ( )
	Date:	Date:	Date:
	State:	State:	State:

Spouse



Name	Will	Credit Shelter Trust?	Marital Deduction
	( ) Yes No ( )	( ) Yes No ( )	( ) Out Right
	Date:		( ) Trust
	State:		( ) QTIP
			( ) None

Name	Revocable Trust	Credit Shelter Trust?	Marital Deduction
	( ) Yes No ( )	( ) Yes No ( )	( ) Out Right
	Date:		( ) Trust
	State:		( ) QTIP
			( ) None

Name	Power of Attorney?	Health Care Proxy/Power	Living will	Irrevocable Life Insurance Trust?
	( ) Yes No ( )	( ) Yes No ( )	( ) Yes No ( )	( ) Yes No ( )
	Date:	Date:	Date:	Date:
	State:	State:	State:	State:

Other Documents:

---



---



---



---

Describe any other issue or Concerns:

---



---



---

**Advisor Information**

Attorney: \_\_\_\_\_ Telephone \_\_\_\_\_

How would you describe your relation?

- Great \_\_\_\_\_
- Good \_\_\_\_\_
- Poor \_\_\_\_\_

Accountant: \_\_\_\_\_ Telephone \_\_\_\_\_

- Great \_\_\_\_\_
- Good \_\_\_\_\_
- Poor \_\_\_\_\_

Other: \_\_\_\_\_

- ✓ Which of the above advisor will participate in your planning?  
\_\_\_\_\_
- ✓ Is She/ He is an Estate & Trust Specialist? ( ) Yes No ( )
- ✓ May we call him/her to discuss your planning? ( ) Yes No ( )

**Exhibit I**

**Fee Schedule**

**EDGON's Services**

This Agreement does not provide EDGON the authority to place trades. Client hereby requests the financial planning services marked below:

- Investment Planning
- Insurance Planning
- Tax Planning & Integration
- Retirement Planning
- Education Planning
- Debt/Credit Planning
- Other: \_\_\_\_\_

       /        By initialing here, Client agrees to the services set forth above.

**EDGON's Fees**

Retirement fund client including but not limiting to 401(k), 403(b), TSP the advice fee is fix 2%. Unless client want additional services, this is the only fee payment required. This fee will be invoice directly to the client and payment must be made directly to EDGON Advisory Account by ACH to the Routing Number 322271627 Account Number 719957083, or Check.

\_\_\_\_\_/\_\_\_\_ By initialing here, Client agrees to the services set forth above.

For not USA citizen the advisory fee for this account starts at 3%

\_\_\_\_\_/\_\_\_\_ By initialing here, Client agrees to the services set forth above.

All Financial Plan have an initial cost of \$900

Advisory Service	Preparation	Discussion Hourly Rate
Financial over view	\$100	\$300
Identify & Organized	\$100	\$300
Financial Analysis	\$100	\$300
Recommendations	\$100	\$300
Implementation	\$100	\$300

\_\_\_\_\_ Fix \$900 include all financial planning plus One hour of discussion

- Payment option

\_\_\_\_\_ Onetime payment of \$900

\_\_\_\_\_ Three payments of \$300 due every month

\_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ Fix \$2,000 include all financial Planning Plus two reviews and discussions within one year

- Payment Option

\_\_\_\_\_ One Payment of \$2,000

\_\_\_\_\_ Four Payment of \$500

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Fix \$3,600 include all financial Planning Plus unlimited reviews and discussions for one year using a provided Platform.

- Payment Option

\_\_\_\_\_ One Payment of \$3,600

\_\_\_\_\_ Seven Payment of \$500 & One payment of \$100  
\_\_\_\_\_ Other \_\_\_\_\_

Fixed or Hourly Financial Planning fees are paid via check. Fees are paid in arrears. Clients may terminate the agreement without penalty, for full refund of EDGON's fees, within five business days of signing the Financial Planning Agreement. Thereafter, clients may terminate the Financial Planning Agreement with upon written notice.

\_\_\_\_\_/\_\_\_\_ By initialing here, Client agrees to the hourly fee of \_\_\_\_\_.  
\_\_\_\_\_/\_\_\_\_ By initialing here, Client agrees to the fixed fee of \_\_\_\_\_.

**Exhibit II – Investment Policy Statement- This part will be more comprehensive by utilizing the Financial Planning Tool.**

Creation Date: \_\_\_\_\_

Personal information

- What is your first name: \_\_\_\_\_
- What is your last name: \_\_\_\_\_
- What is your birthdate: \_\_\_\_\_
- Spouse's name: \_\_\_\_\_

Income & net worth

- What is your current annual household income: (\$) \_\_\_\_\_
- What is your liquid net worth: (Excluding primary residence) (\$) \_\_\_\_\_
- What is the value of your residence(s): (\$) \_\_\_\_\_
- What is the value of any other significant illiquid asset(s): (\$) \_\_\_\_\_
- What are your current annual income needs from investments: (\$) \_\_\_\_\_
- What is your desired retirement age: \_\_\_\_\_
- What is your desired annual income in retirement (\$): \_\_\_\_\_

# Standard Risk Tolerance Questionnaire

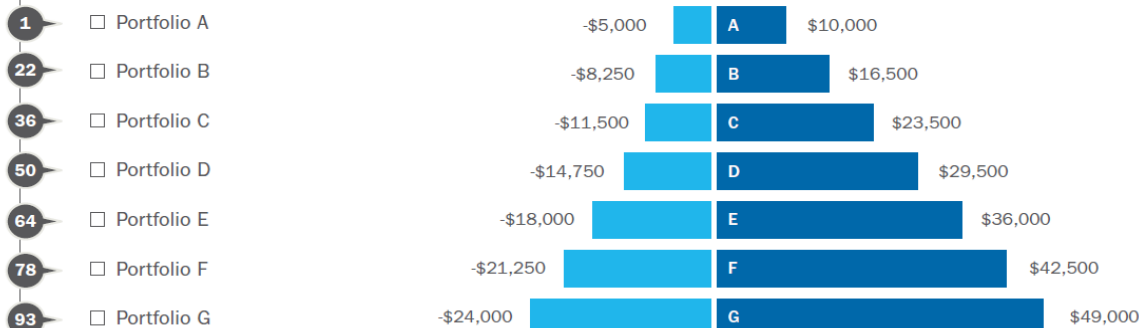
EDGON Advisory's Standard Risk Tolerance Questionnaire (RTQ) is scored using a "Weighted" method. The first six questions of the RTQ are assigned numerical weights to reflect each one's comparative importance in overall risk determination. Answer choices for each question are then assigned point values for use in the "Weighted" method of scoring. The total point score of all relevant questions is then used on the Point Scale (listed below) to determine the client Investment Objective.

## EDGON'S 7-Point Scale

<b>Investment Objective</b>	<b>Risk Tolerance</b>	<b>Risk Low</b>	<b>Risk High</b>
<b>Capital Preservation</b>	Low	1	14
<b>Conservative</b>	Low	15	29
<b>Conservative Growth</b>	Moderate	30	43
<b>Moderate</b>	Moderate	44	57
<b>Moderate Growth</b>	Moderate	58	71
<b>Growth</b>	High	72	86
<b>Aggressive</b>	High	87	100

## Risk Tolerance Questionnaire

- 35%** 1. The graph below shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?



- 5%** 2. Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run, but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its impact on your investments?

- 15**  You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns.
- 50**  You would like your investments to outpace inflation. You are willing to assume some potential for short-term loss in order to achieve that goal.
- 85**  You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to achieve that goal.

- 5%** 3. Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3-year period, what would you do (assuming your stocks behaved in a similar fashion)?

- 10**  Sell all the stocks in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.
- 30**  Sell half of the stocks in your portfolio. You think that the market may rebound, but you are not willing to leave all of your investment exposed to further loss.
- 60**  Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'.
- 90**  Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the stocks will regain their previous value or increase in value.

5%

4. Once again, assume you have a substantial portion of your investment portfolio in stocks. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 22% of its value over a year, which of the following would you do?

10

Sell the securities in your portfolio and realize the 22% loss. You wish to avoid the risk of further loss.

30

Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss.

60

Do nothing. You are comfortable waiting for the stocks to regain their previous value or to increase in value.

90

Invest more now because stocks are selling for approximately 22% less than they were 12 months ago. You believe that the stocks will regain their value or possibly appreciate even higher over the long-term.

10%

5. Aggressive investments have historically provided higher returns while exhibiting greater short-term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?

15

You want to minimize the possibility of loss in the value of the portfolio. You understand that you are sacrificing higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuations.

50

You can tolerate moderate losses in order to achieve potentially favorable returns.

85

You can tolerate the risk of large losses in your portfolio in order to increase the potential of achieving high returns.

40%

6. What is the investment time horizon on these investable assets?

1

Less than 3 years

30

3 – 5 years

60

6 – 9 years

85

10+ years

7. What is your current Annual Household Income?

None

\$250,001 – 500,000

\$0 – 30,000

\$500,001 – 1,000,000

\$30,001 – 50,000

\$1,000,001 – 3,000,000

\$50,001 – 100,000

More than \$3,000,001

\$100,001 – 250,000

**8. What is your Approximate Net Worth?**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$250k | <input type="checkbox"/> \$3M – 5M       |
| <input type="checkbox"/> \$250 – 500K     | <input type="checkbox"/> \$5M – 10M      |
| <input type="checkbox"/> \$500K – 1M      | <input type="checkbox"/> \$10M – 20M     |
| <input type="checkbox"/> \$1M – 3M        | <input type="checkbox"/> More than \$20M |

**9. What are your Income Needs from Program Assets?**

- |  |   |
|--|---|
| <input type="checkbox"/> None              | <input type="checkbox"/> \$60,000 Per Year            |
| <input type="checkbox"/> \$10,000 Per Year | <input type="checkbox"/> \$70,000 Per Year            |
| <input type="checkbox"/> \$20,000 Per Year | <input type="checkbox"/> \$80,000 Per Year            |
| <input type="checkbox"/> \$30,000 Per Year | <input type="checkbox"/> \$90,000 Per Year            |
| <input type="checkbox"/> \$40,000 Per Year | <input type="checkbox"/> \$100,000 Per Year           |
| <input type="checkbox"/> \$50,000 Per Year | <input type="checkbox"/> More than \$100,000 Per Year |

**10. What is Your State Tax Bracket?**

- |                             |                               |
|-----------------------------|-------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 6%   |
| <input type="checkbox"/> 1% | <input type="checkbox"/> 7%   |
| <input type="checkbox"/> 2% | <input type="checkbox"/> 8%   |
| <input type="checkbox"/> 3% | <input type="checkbox"/> 9%   |
| <input type="checkbox"/> 4% | <input type="checkbox"/> 10%  |
| <input type="checkbox"/> 5% | <input type="checkbox"/> Over |

**11. What is your Federal Tax Bracket?**

- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> 0%  | <input type="checkbox"/> 28%   |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 33%   |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 35%   |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 39.6% |

The information, analysis, and opinions expressed herein are for general and educational purposes only. Nothing contained in this commentary is intended to constitute legal, tax, accounting, securities, or investment advice, nor an opinion regarding the appropriateness of any investment, nor a solicitation of any type. All investments carry a certain risk, and there is no assurance that an investment will provide positive performance over any period of time. The asset classes and/or investment strategies described may not be suitable for all investors and investors should consult with an investment advisor to determine the appropriate investment vehicle. Investment decisions should always be made based on the investor's specific financial needs and objectives, goals, time horizon and risk tolerance. The statements herein are based upon the opinions of Envestnet and third-party sources. Information obtained from third party resources are believed to be reliable but not guaranteed. All opinions and views constitute our judgments as of the date of writing and are subject to change at any time without notice. Past performance is not a guarantee of future results.

EDGON Advisory do not own this risk tolerance questionnaire. Envestnet Inc. does.



## Risk tolerance & investment

- Acceptable percentage of principal loss in a short-term period? (less than 1 year) o \_\_\_\_\_ Up to 5%

\_\_\_\_\_ Up to 10%

\_\_\_\_\_ Up to 15%

\_\_\_\_\_ Up to 20%

\_\_\_\_\_ Up to 25%

- What is your desired annual rate of return? o \_\_\_\_\_ 0-2.5%

\_\_\_\_\_ 2.5-5%

\_\_\_\_\_ 5-7.5%

\_\_\_\_\_ 7.5-10%

\_\_\_\_\_ 10%+

- Which of the following statements best describes your investment objectives?

\_\_\_\_\_ My highest priority is to preserve my investments and I am willing to accept minimal return to do so

\_\_\_\_\_ I seek to generate income from my investments and am interested in investments that have historically demonstrated a low degree of risk of loss of principal value

\_\_\_\_\_ I seek to grow the principal value of my investments over time and, in pursuit of these gains, am willing to invest in securities that have historically demonstrated a moderate degree of risk to loss of principal value

\_\_\_\_\_ I seek to accelerate somewhat the growth of the principal value of my investments over time and, in pursuit of these gains, am willing to invest in securities that have historically demonstrated a moderate to above average degree of risk of loss of principal value

\_\_\_\_\_ I seek a significant appreciation of the principal value of my investments and, in pursuit of these gains, am willing to accept a greater degree of risk by investing in securities that have historically demonstrated a high degree of risk of loss of principal

- How would you respond in the event of a decline in the value of your investments?

\_\_\_\_\_ I would sell my investments immediately if they were to suffer substantial declines

\_\_\_\_\_ Although declines in investment value make me uncomfortable, I would wait one to two quarters before adjusting my portfolio

\_\_\_\_\_ I can endure significant declines in the value of my investments and would wait at least one year before adjusting my portfolio

\_\_\_\_\_ Even if my investments were to suffer a significant decline over several years, I would continue to follow my long-term investment strategy and not adjust my portfolio

I would increase the amount invested in my portfolio in anticipation of an increase in value

- Which of the following scenarios would make you more uncomfortable?

- Making an investment and watching it decline in value
- Selling an investment and watching it increase in value

- During the decline in stock market values that took place from 2007 through 2009, what action did you take with respect to your investments?

- Sold all equity holdings
- Moderately decreased equity holdings
- No changes
- Moderately increased equity holdings
- Significantly increased stock holdings
- Not applicable

- In general, how did you feel about the decline in stock market values from 2007 through 2009?

- High level of anxiety
- Moderate level of anxiety
- Acceptance that short-term losses are part of investing and assurance that the risk I took was reasonable given the potential long-term gains of my investments
- Indifference
- Excited to be able to invest in assets that had declined in value

How would you describe your level of knowledge with regard to finance and investing?

Minimal. I have very little interest in understanding finance and investing, or I have not had the opportunity to learn.

Low. I have basic knowledge of finance, such as understanding what stocks, bonds, and mutual funds are.

Medium. I have knowledge beyond basic products, and I understand diversification and other financial and investing terminology and strategy.

High. In addition to understanding most financial products and terminology, I understand factors that affect the price of stocks and bonds.

Advanced. I have an in-depth knowledge of most financial products, including stocks, bonds, and options. I understand overall market risk as well as company-specific risk.

- For how many years, if any, have you owned each of the following types of investments?

- Mutual funds
- Stocks
- Bonds
- Options

- \_\_\_\_\_ Variable annuities
- \_\_\_\_\_ ETFs
- \_\_\_\_\_ REITs
- \_\_\_\_\_ Limited partnerships/Private Placements

*Restrictions on the Account(s):*

---



---



---

	FMV	Cost Basis	Owner *	% income Value
<b>Cash Equivalents</b>				
<b>Marketable Securities:</b>				
<b>Residence (s)</b>				
<b>Real Estate Investments:</b>				
<b>Business Interests **</b>				
<b>Other Investment</b>				

<b>Antiques &amp; Collectables:</b>				
<b>Personal Property &amp; Auto</b>				

- **\*Owner:** Husband, Wife, Joint Tenants In common, Community Property.
- **\*\*** Please complete and attach a Business Owner Supplement for each business entity.

**FMV means** Fair Market Value